



GP1657
PATENT
450117-03449 *ifw*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : William Ford et al.
Serial No. : 09/990,049
For : **SELECTIVE METALLISATION OF NUCLEIC
ACIDS VIA METAL NANOPARTICLES
PRODUCED IN SITU**
Filed : November 21, 2001
Examiner : David M. Naff
Art Unit : 1651

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: **Mail Stop Amendments, Commissioner for Patents,
P.O. Box 1450, Alexandria, VA 22313-1450**, on June 9, 2004.

Samuel H. Megerditchian, Reg. No. 45,678

Name of Applicant, Assignee or Registered Representative

Samuel H. Megerditchian

Signature

June 9, 2004

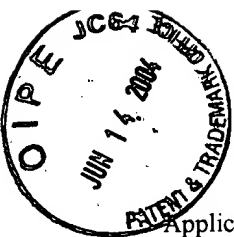
Date of Signature

AMENDMENT PURSUANT TO 37 C.F.R. §1.111

Mail Stop Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is responsive to the March 9, 2004 Office Action. Any fee occasioned by this paper
may be charged, or overpayment credited, to Deposit Account No. 50-0320.



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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	24	Minus	** =24	* 0 x	\$18 (9)	= \$ 0
Independent claims	1	Minus	*** =1	* 0 x	\$86 (43)	= \$ 0
Total additional fee for this amendment						\$ 0

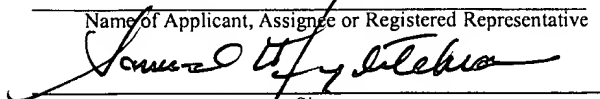
- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Samuel H. Megerditchian, Reg. No. 45,678

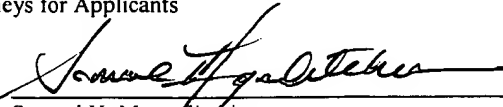
Name of Applicant, Assignee or Registered Representative


Signature
June 9, 2004
Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:


Samuel H. Megerditchian
Reg. No. 45,678
Tel: 212-588-0800